Connecticut Hospital Association and Affiliates

2000 Annual Report

A New Century – An End of An Era.

CHA's meaningful work on behalf of the membership continues to be:

Public Policy and Advocacy

Leadership and Innovative Services to Further Community-based Health Care Delivery

Strengthening Ties and Collaborative Efforts

Innovative Research and Education

Fostering an Environment for Integrated Delivery Systems

Assisting the Membership in Ensuring Quality, Increasing Efficiency, Containing Costs, and Enhancing Revenue

Highlights of the year's efforts included:

- Establishing a CHA subcommittee to Fix Connecticut Medicaid culminating in The Lewin Group report, which revealed that Connecticut hospitals lose $148 million by serving Medicaid patients, further building the case for the repeal of the hospital gross receipts tax.
- Lobbying to maintain Connecticut's Certificate of Need (CON) laws supporting hospitals as they face challenges by physicians and freestanding surgical centers.
- Leading a statewide grassroots campaign for relief from Medicare funding cuts imposed by the Balanced Budget Act of 1997.
- Collaborating with the Department of Insurance, the Association of Connecticut HMOs, the Connecticut State Medical Society, and Connecticut insurers to address the "slow-pay" issue and establish criteria to support the 45-day payment rule.
- Creating an Ambulatory Payment Classification (APC) Workgroup to develop a statewide analysis of the APC impact on Connecticut hospitals.
- Spearheading communications on the Fiscal Intermediary change affecting Part B providers; and initiating an open forum with Department of Social Services and Electronic Data Systems on changes in claims processing and Y2K impact.
- Fostering an environment for integrated delivery through an information systems infrastructure developed by Health Connecticut which enables hospitals to analyze their business from both a clinical and financial perspective, and preparing for the implementation of a reporting tool that tracks the cost of care across the continuum.
- Developing a three-year plan for CHA Information Services and Technology, which will include seeking rational opportunities to fund and expand programs to aid hospitals in their transition into the e-healthcare age. Current projects include expanding and deploying a healthcare Public Key Infrastructure (PKI) in Connecticut and piloting the expansion of ChimeData with hospital-based pharmacy records.
- Developing an online reporting tool that will provide more flexible and timely data reporting, in addition to providing secure web-based access to ChimeData. Upgrading member support to a 24-by-7 help desk, network monitoring/break-fix service and Health Insurance Portability and Accountability Act (HIPAA) security advice.
- Forging a new agreement and connections with Empire Blue Cross allowing all ChimeNet participants to securely transmit, process, and receive claims and remittance advice for Medicare Part A services.
- Expanding CHA's educational reach by bringing physicians and hospital leaders together for a series of exclusive side-by-side learning opportunities to align common interests and find opportunities for collaboration.
- Expanding member services through Diversified Network Services (DNS), an affiliate of CHA, including the Workers' Compensation Trust, Financial and Insurance Management Services Division, and the CHA Shared Services Program.
- Preserving critical peer review protection in the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) sentinel event reporting process.
- Continuing collaboration with enforcement agencies to ensure improved survey processes on the state and federal level.
- Promoting quality end-of-life care through the CHA Ethics Center's sponsorship of physician training in conjunction with the Connecticut Coalition to Improve End-of-Life Care.
- Coordinating the Y2K transition through Security Third Millennium, LLC, by developing a computerized repository of information from manufacturers and suppliers about the Y2K compliance of biomedical devices and equipment.
- Developing a Y2K Status Reporting System, which provided a mechanism for hospitals to report their status to state and federal officials during the six-day Y2K transition period.

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